

| REPORTS INVENTORY   |             |  |                  |   |                 | CONTROL NO.  |                                |
|---|-------------|--|------------------|---|-----------------|--|--------------------------------|
| PREPARE IN DUPLICATE  |             |  |                  |   |                 | DDS/OC-008   |                                |
| 1. TITLE OF REPORT (If a fill-in report include Form No.)   |             |  |                  |   |                 | 2. TYPE OF REPORT  |                                |
| <b>Top Secret Inventory</b>   |             |  |                  |   |                 | STATISTICAL  |                                |
|   |             |  |                  |   |                 | <input checked="" type="checkbox"/> NARRATIVE            |                                |
|   |             |  |                  |   |                 | MACHINE-NAME LISTING                                     |                                |
| 3. FUNCTIONAL AREA  |             | PERSONNEL  |                  | TRAINING  |                 | ADMIN. GENERAL   |                                |
|   |             | LOGISTICS  |                  | <input checked="" type="checkbox"/> SECURITY  |                 | OTHER (specify)  |                                |
|   |             | MEDICAL  |                  | FINANCE   |                 | <input checked="" type="checkbox"/> COMMUNICATIONS       |                                |
| 4. NO. OF COPIES PREPARED   |             | 5. FREQUENCY (weekly, monthly, quarterly, etc.)                  |                  |   |                 | 6. DISTRIBUTION (No. of components not number of copies) |                                |
| 2   |             | Annually   |                  |   |                 | 1  |                                |
| 7. FORMAT (memorandum, form computer print-out, etc)  |             | 8. ADP PROCESSING  |                  |   |                 | 9. DIRECTIVE AUTHORITY REQUIRING REPORT                  |                                |
| <input checked="" type="checkbox"/> YES   |             | IF YES GIVE ADP PROCESSING NO.                                   |                  |   |                 |  |                                |
| Computer Print out  |             | See OC-115   |                  |   |                 | OC Order 70.5  |                                |
| 10. PREPARING COMPONENT (include lowest level contributing information to report)   |             |  |                  | 11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) |                 |  |                                |
| OC <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>   |             |  |                  | *****   |                 |  |                                |
| 12. COST FACTORS  |             |  |                  |   |                 |  |                                |
| A. MANUAL PREPARATION AND REVIEW COSTS  |             |  |                  |   |                 |  |                                |
| GRADE   | HOURLY RATE | X  | HOURS PER REPORT | =   | COST PER REPORT | X  | TIMES PREPARED = COST PER YEAR |
| GS-07   | 4.67        |  | 2                | =   | 9.34            |  | 1 9.34                         |
| B. COSTS OF COMPUTER PRODUCED REPORTS   |             |  |                  |   |                 |  |                                |
|   |             |  |                  |   |                 |  |                                |
| TOTAL COSTS PER YEAR  |             |  |                  |   |                 | 9.34   |                                |
| 13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. |             |  |                  |   |                 |  |                                |
| Required by higher authority.   |             |  |                  |   |                 |  |                                |
| 14. FUTURE GOALS  |             |  |                  |   |                 |  |                                |
| GOAL PROPOSED BY COMPONENT FOR THIS REPORT  |             |  |                  |   |                 | ESTIMATED SAVINGS  |                                |
| <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)   |             |  |                  |   |                 | MAN-HOURS DOLLARS  |                                |
| <input type="checkbox"/> CHANGE   |             |  |                  |   |                 |  |                                |
| <input type="checkbox"/> DISCONTINUE  |             |  |                  |   |                 | STAT   |                                |
| 16. DATE OF INVENTORY   |             | 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION              |                  |   |                 | 18. EXTENSION  |                                |
| 10/1/70   |             | Approved For Release 2006/11/13 : CIA-RDP75-00399R000100090049-5 |                  |   |                 | 25X1   |                                |
| FORM 9-70 142   |             | Classification   |                  | OC  |                 |  |                                |

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